

# Work Order ID 94538

December-19-12 11:40:09 AM

**\*94538\***

Page 1

Item ID: D350-766-013

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Interior Trim, Ceiling

Start Date: 12/19/12 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 1/11/13 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: ML5

Date: 12-12-12 Tooling:

Date:

Run Start **\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_

Date:

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                     | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>                                          |                      |         |        |              |               |               |                  |                |
| IIN D350-766                   | Rev C                                                        |                      |         |        |              |               |               |                  |                |
| 100                            |                                                              | 0.00                 |         |        |              |               |               |                  |                |
| <b>*100*</b>                   | DOCUMENT CONTROL                                             |                      |         |        |              |               |               |                  |                |
| DC                             | Memo                                                         | 0.00                 |         |        |              |               |               |                  |                |
| Document Control               | Photocopy bluefile & type labels per PPP D350-766-013 CHG002 |                      |         |        |              |               |               |                  |                |
| 110                            | Pick Kit                                                     | 0.00                 |         |        |              |               |               |                  |                |
| <b>*110*</b>                   |                                                              |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                         | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                              |                      |         |        |              |               |               |                  |                |
| 120                            | QC4- 100% Inspect kits for completeness                      | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   |                                                              |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                         | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                              |                      |         |        |              |               |               |                  |                |

*1* *12/12/12* *13-1-22*

*DAS 06 13/1/22*

*13/01/21* *(1)*

*DAS 15 13-1-22*

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Sk'd-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Sk'd-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Sk'd-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                              | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                              | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                              | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                              | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause                             | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|----------------------------------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling <input type="checkbox"/> |      |      |     |                                                     |                   |                    |             |              |              |
| Operator <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Material <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Setup <input type="checkbox"/>         |      |      |     |                                                     |                   |                    |             |              |              |
| Other <input type="checkbox"/>         |      |      |     |                                                     |                   |                    |             |              |              |
| Process <input type="checkbox"/>       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Training <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved <input type="checkbox"/>    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions<br><br><input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other _____<br>_____<br>_____<br>_____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# Work Order ID 94538

**\*94538\***

Page 2

December-19-12 11:40:09 AM

Item ID: D350-766-013

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Interior Trim, Ceiling

Start Date: 12/19/12 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 1/11/13 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                      | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-----------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130                            |                                                                                               | 0.00                 |         |        |              |               |               |                  |                |
| <b>*130*</b>                   | Packaging                                                                                     |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                                                          | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      | Identify and pack for shipping as per PPP D350-766-013 Location: <u>112</u> PPP Rev: <u>B</u> |                      |         |        |              |               |               |                  |                |
| 140                            |                                                                                               | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   | QC21- Final Inspection - Work Order Release                                                   |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                                                          | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                                                               |                      |         |        |              |               |               |                  |                |



13/1/23

13/1/25

PL13-01-24

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
|--------------------------------------------------------------|-------------|-------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|---------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |             |             |            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                        |                     |                     |  |  |
| <b>Root Cause</b>                                            | <b>Date</b> | <b>Step</b> | <b>Qty</b> | <b>Description of work order update or Non-conformance</b>                                                                                                                      | <b>Initial Chief Eng</b> | <b>Action Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Sign &amp; Date</b> | <b>Verification</b> | <b>QC Inspector</b> |  |  |
| Doc/Data <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Equip/Tooling <input type="checkbox"/>                       |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Operator <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Material <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Setup <input type="checkbox"/>                               |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Other <input type="checkbox"/>                               |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Process <input type="checkbox"/>                             |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Supplier <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Training <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Unapproved <input type="checkbox"/>                          |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |

  

| FAULT CATEGORY                                                                                                                                                                                                                               |                                                       |                                                |                                                          |                                        |                                           |                                                   |                                          |                                                    |                                           |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------|----------------------------------------------------------|----------------------------------------|-------------------------------------------|---------------------------------------------------|------------------------------------------|----------------------------------------------------|-------------------------------------------|---------------------------------------------|
| <b>Landing Gear</b>                                                                                                                                                                                                                          |                                                       |                                                | <b>General</b>                                           |                                        |                                           |                                                   |                                          |                                                    |                                           |                                             |
| <input type="checkbox"/> Bending                                                                                                                                                                                                             | <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> Cracks                | <input type="checkbox"/> Crushed/Crimped                 | <input type="checkbox"/> Cuffs         | <input type="checkbox"/> Heat Treat       | <input type="checkbox"/> Inspection Strip in Tube | <input type="checkbox"/> Ripples in Bend | <input type="checkbox"/> Torque Waves in Extrusion | <input type="checkbox"/> Turning Sequence | <input type="checkbox"/> Wave/Twist in Tube |
| <input type="checkbox"/> Bend                                                                                                                                                                                                                | <input type="checkbox"/> BOM/Route                    | <input type="checkbox"/> Broken/Damaged        | <input type="checkbox"/> Burrs                           | <input type="checkbox"/> Contamination | <input type="checkbox"/> Countersink      | <input type="checkbox"/> Cut Too Short            | <input type="checkbox"/> Drill Holes     | <input type="checkbox"/> Drawing                   | <input type="checkbox"/> Finish           | <input type="checkbox"/> Folio              |
| <input type="checkbox"/> Grain                                                                                                                                                                                                               | <input type="checkbox"/> Hardware                     | <input type="checkbox"/> Inspection Incomplete | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Maintenance   | <input type="checkbox"/> Mislabeled       | <input type="checkbox"/> Misread                  | <input type="checkbox"/> Offset          | <input type="checkbox"/> Out of Calibration        | <input type="checkbox"/> Out of Sequence  | <input type="checkbox"/> Outside Dimensions |
| <input type="checkbox"/> Ovalized                                                                                                                                                                                                            | <input type="checkbox"/> Over/Under tolerance         | <input type="checkbox"/> Part Incorrect        | <input type="checkbox"/> Part Lost/Missing               | <input type="checkbox"/> Part Moved    | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Power Loss/Surge         | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Temperature/Cure          | <input type="checkbox"/> Weld             | <input type="checkbox"/> Wrong Stock Pulled |
|                                                                                                                                                                                                                                              |                                                       |                                                |                                                          |                                        |                                           |                                                   | <input type="checkbox"/> Other           |                                                    |                                           |                                             |
| <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> |                                                       |                                                |                                                          |                                        |                                           |                                                   |                                          |                                                    |                                           |                                             |

# Picklist Print

December-19-12 11:40:09 AM

Page 1

Work Order ID: 94538

Parent Item: D350-766-013

Parent Item Name: Interior Trim, Ceiling

Start Date: 12/19/12

Required Date: 1/11/13

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV A NEW ISSUE 08/04/08 DL verified by:DD

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand  | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|-----------------|-------------|--------------|---------------|----------------|--------|
| D3656-1<br>PANEL                |                        | Manufactured  | No          |                     |                  | 110             | Each               | 0.0000          | 1           | 1            |               |                |        |
| D3656-3<br>PANEL                |                        | Manufactured  | No          |                     |                  | 110             | Each               | 0.0000          | 1           | 1            |               |                |        |
| AN526-1032R9<br>Screw           |                        | Purchased     | No          |                     |                  | 110             | Each               | 100.0000        | 15          | 15           |               |                |        |
|                                 |                        |               |             |                     |                  | <u>Location</u> | <u>Loc Qty</u>     | <u>Loc Code</u> |             |              |               |                |        |
|                                 |                        |               |             |                     |                  | 123831          | 100                |                 |             |              |               |                |        |
|                                 |                        |               |             |                     |                  | 123831          | 100                |                 |             |              |               |                |        |
| CCR264SS3-3<br>Cherry Rivet     |                        | Purchased     | No          |                     |                  | 110             | Each               | 163.0000        | 30          | 30           |               |                |        |
|                                 |                        |               |             |                     |                  | <u>Location</u> | <u>Loc Qty</u>     | <u>Loc Code</u> |             |              |               |                |        |
|                                 |                        |               |             |                     |                  | FP001           | 67                 |                 |             |              |               |                |        |
|                                 |                        |               |             |                     |                  | 122973          | 67                 |                 |             |              |               |                |        |
|                                 |                        |               |             |                     |                  | ST327           | 96                 |                 |             |              |               |                |        |
|                                 |                        |               |             |                     |                  | 123265          | 96                 |                 |             |              |               |                |        |
| MS21059L3<br>Nut Plate          |                        | Purchased     | No          |                     |                  | 110             | Each               | 71.0000         | 15          | 15           |               |                |        |
|                                 |                        |               |             |                     |                  | <u>Location</u> | <u>Loc Qty</u>     | <u>Loc Code</u> |             |              |               |                |        |
|                                 |                        |               |             |                     |                  | ST316           | 71                 |                 |             |              |               |                |        |
|                                 |                        |               |             |                     |                  | 121444          | 31                 |                 |             |              |               |                |        |
|                                 |                        |               |             |                     |                  | 123900          | 40                 |                 |             |              |               |                |        |

94646

94739

m/21060

30

123266

m/24291

1/13/01/21 (1)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
|--------------------------------------------------------------|-------------|-------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|---------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |             |             |            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                        |                     |                     |  |  |
| <b>Root Cause</b>                                            | <b>Date</b> | <b>Step</b> | <b>Qty</b> | <b>Description of work order update or Non-conformance</b>                                                                                                                      | <b>Initial Chief Eng</b> | <b>Action Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Sign &amp; Date</b> | <b>Verification</b> | <b>QC Inspector</b> |  |  |
| Doc/Data <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Equip/Tooling <input type="checkbox"/>                       |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Operator <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Material <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Setup <input type="checkbox"/>                               |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Other <input type="checkbox"/>                               |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Process <input type="checkbox"/>                             |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Supplier <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Training <input type="checkbox"/>                            |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |
| Unapproved <input type="checkbox"/>                          |             |             |            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                     |                     |  |  |

| FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |  |  | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |  |  | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions |  |  | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |  |

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#### 4.0 WEIGHT AND BALANCE

The following is the weight increase associated with the Interior Trim Kits. Be sure to subtract the weight of any parts removed.

| Installation                                                              | Weight            | LATERAL           |                         | LONGITUDINAL     |                         |
|---------------------------------------------------------------------------|-------------------|-------------------|-------------------------|------------------|-------------------------|
|                                                                           |                   | Arm               | Moment                  | Arm              | Moment                  |
| <b>D350-766-011</b> Interior Trim Kit<br>(Aft Bulkhead Trim Kit)          | 13.2 lb<br>6.0 kg | 0 in<br>0 m       | 0 in-lb<br>0 m-kg       | 113 in<br>2.87 m | 1492 in-lb<br>17.2 m-kg |
| <b>D350-766-013</b> Interior Trim Kit<br>(Ceiling Trim Kit)               | 11.0 lb<br>5.0 kg | 0 in<br>0 m       | 0 in-lb<br>0 m-kg       | 91 in<br>2.31 m  | 1001 in-lb<br>11.6 m-kg |
| <b>D350-766-015</b> Interior Trim Kit<br>(Canopy Post Trim Kit)           | 5.2 lb<br>2.4 kg  | 0 in<br>0 m       | 0 in-lb<br>0 m-kg       | 42 in<br>1.07 m  | 218 in-lb<br>2.6 m-kg   |
| <b>D350-766-021</b> Interior Protector Kit<br>(Aft Baggage Protector Kit) | 14.3 lb<br>6.5 kg | 2.77 in<br>0.07 m | 39.6 in-kg<br>0.46 m-kg | 168 in<br>4.27 m | 2402 in-lb<br>27.8 m-kg |

#### 5.0 PARTS LIST

| Qty<br>-011 | Qty<br>-013 | Qty<br>-015 | Qty<br>-021 | Part Number   | Description                                           |
|-------------|-------------|-------------|-------------|---------------|-------------------------------------------------------|
| X           |             |             |             | D350-766-011  | INTERIOR TRIM KIT (AFT BULKHEAD TRIM KIT)             |
|             | X           |             |             | D350-766-013  | INTERIOR TRIM KIT (CEILING TRIM KIT)                  |
|             |             | X           |             | D350-766-015  | INTERIOR TRIM KIT (CANOPY POST TRIM KIT)              |
|             |             |             | X           | D350-766-021  | INTERIOR PROTECTOR KIT<br>(AFT BAGGAGE PROTECTOR KIT) |
| 1           |             |             |             | D3655-1       | PANEL                                                 |
| 1           |             |             |             | D3655-3       | PANEL                                                 |
|             | 1           |             |             | D3656-1       | PANEL                                                 |
|             | 1           |             |             | D3656-3       | PANEL                                                 |
|             |             |             | 1           | D3889-041     | PANEL, FLOOR                                          |
|             |             |             | 1           | D3890-041     | PANEL, WALL                                           |
|             |             |             | 1           | D3891-041     | PANEL, FWD LH                                         |
|             |             |             | 1           | D3891-042     | PANEL, FWD RH                                         |
|             |             |             | 1           | D3944-1       | PLACARD                                               |
|             |             |             | 4           | D3945-041     | BRACKET                                               |
|             |             | 1           |             | D3946-1       | PANEL, CENTER POST                                    |
|             |             | 1           |             | D3947-1       | PANEL, UPPER LH POST                                  |
|             |             | 1           |             | D3947-2       | PANEL, UPPER RH POST                                  |
|             |             | 1           |             | D3947-3       | PANEL, LOWER LH POST                                  |
|             |             | 1           |             | D3947-4       | PANEL, LOWER RH POST                                  |
|             |             |             | 3           | D3948-041     | PLATE, ANCHOR                                         |
|             |             |             | 4           | D3948-043     | PLATE, ANCHOR                                         |
|             |             |             | 14          | AN525-10R7    | SCREW                                                 |
|             |             |             | 4           | AN525-10R9    | SCREW                                                 |
| 2           |             |             |             | AN526-1032R12 | SCREW                                                 |
| 2           |             |             |             | AN526-1032R20 | SCREW                                                 |
|             | 15          |             |             | AN526-1032R9  | SCREW                                                 |
|             |             |             | 8           | CCR264SS3-2   | RIVET                                                 |
|             | 30          |             |             | CCR264SS3-3   | RIVET                                                 |
| 8           |             |             |             | CCR274SS3-4   | RIVET                                                 |
|             |             |             | 8           | CR3213-4-02   | RIVET (OR M7885/2-4-02)                               |
|             |             |             | 12          | CR3523-4-02   | RIVET (OR M7885/4-4-02)                               |
|             |             |             | 16          | CR3523-4-03   | RIVET (OR M7885/4-4-03)                               |
| 4           | 15          |             | 4           | MS21059L3     | NUTPLATE (OR MS21059-3)                               |

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